

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0908	S	2019	000715
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
NORTH BERGEN MUNICIPAL COURT 4225 BERGEN TURNPIKE NORTH BERGEN NJ 07047-0000 201-392-2088 COUNTY OF: HUDSON			
# of CHARGES 1	CO-DEFTS 0	POLICE CASE #: 2019080693	
COMPLAINANT NAME: DET. ASHLEY RUBEL HUDSON COUNTY PROSECUTOR'S OFFICE 595 NEWARK AVENUE JERSEY CITY NJ 07306		DEFENDANT INFORMATION SEX: M EYE COLOR: HAZEL DOB: [REDACTED] 1941 DRIVER'S LIC. #: F02515936605415 DL STATE: NJ SOCIAL SECURITY #: xxx-xx-x746 SBI #: 15693A TELEPHONE #: [REDACTED] (w) LIVESCAN PCN #: 099901000719	

THE STATE OF NEW JERSEY
VS.
NINO F FALCONE

ADDRESS: **712 79TH STREET**
NORTH BERGEN NJ 07047-0000

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **08/29/2019** in **NORTH BERGEN TWP**, **HUDSON** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE CRIME OF CRIMINAL SEXUAL CONTACT, A CRIME OF THE FOURTH-DEGREE, IN VIOLATION OF N.J.S. 2C:14-3B, SPECIFICALLY THE DEFENDANT NINO FALCONE KNOWINGLY DID COMMIT AN ACT OF SEXUAL CONTACT WITH **[REDACTED]**, BY USING PHYSICAL FORCE OR COERCION, FOR THE PURPOSE OF SEXUALLY AROUSING OR SEXUALLY GRATIFYING HIMSELF BY GRABBING THE BREAST(S) OF **[REDACTED]** WITH HIS HANDS, CONTRARY TO THE PROVISIONS OF N.J.S. 2C:14-3B.

in violation of:

Original Charge	1) 2C:14-3B	2)	3)
Amended Charge			

CERTIFICATION:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: DET. A THORMANN Date: 09/12/2019

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of: **HUDSON** at the following address: **HUDSON COUNTY COURT**

ADMINISTRATION BUILDING **595 NEWARK AVENUE** **JERSEY CITY** **NJ 07306-0000**

If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

Date of Arrest: **09/12/2019** Appearance Date: **10/03/2019** Time: **09:00AM** Phone: **201-795-6000**

Signature of Person Issuing Summons: DET. A THORMANN Date: 09/12/2019

Domestic Violence – Confidential **Related Traffic Tickets or Other Complaints** **Serious Personal Injury/ Death Involved**

Special conditions of release:

- No phone, mail or other personal contact w/victim**
- No possession firearms/weapons**
- Other (specify):** **[REDACTED]**

ORIGINAL

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER 0908 S 2019 000715 <small>COURT CODE PREFIX YEAR SEQUENCE NO.</small>				STATE V. NINO F FALCONE									
FTA Bail Information		Date Bail Set: _____		Amount Bail Set: \$ _____ by: _____		<input type="checkbox"/> Bail Recog. Attached							
Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed: _____					Date Referred to County Prosecutor: _____				
Date of First Appearance: 10/03/2019		<input type="checkbox"/> Advised of Rights by _____					Defendant Desires Counsel: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Prosecuting Attorney Information				Defense Counsel Information									
Name:				Name:									
State	County	Municipal	Other	None	Retained	Public Def	Assigned	Waived	Other				
Original Charge		1) 2C:14-3B		2)			3)						
Amended Charge		_____		_____			_____						
Waiver Indt/Jury		_____		_____			_____						
Plea/Date of Plea		Plea: _____ Date: _____		Plea: _____ Date: _____			Plea: _____ Date: _____						
Adjudication (* see code)		Finding Code: _____ Date: _____		Finding Code: _____ Date: _____			Finding Code: _____ Date: _____						
Jail Term		_____	Jail time credit	Susp. Imp	_____	Jail time credit	Susp. Imp	_____	Jail time credit	Susp. Imp			
Probation Term		_____		Susp. Imp	_____			Susp. Imp	_____				
Cond. Discharge Term		_____											
Community Service		_____											
D/L Suspension Term		_____											
Fines/Costs		Fines: _____ Costs: _____		Fines: _____ Costs: _____			Fines: _____ Costs: _____						
VCCB/SNSF		VCCB: _____ SNSF: _____		VCCB: _____ SNSF: _____			VCCB: _____ SNSF: _____						
DEDR/Lab Fee		DEDR: _____ LAB: _____		DEDR: _____ LAB: _____			DEDR: _____ LAB: _____						
CD Fee/Drug Ed Fnd		CD: _____ DAEF: _____		CD: _____ DAEF: _____			CD: _____ DAEF: _____						
DV Surch/Other Fees		DV: _____ Other: _____		DV: _____ Other: _____			DV: _____ Other: _____						
Restitution Beneficiary: _____		_____											
Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:										* Finding Codes 1 – Guilty 2 – Not Guilty 3 – Dismissed – Other 4 – Guilty but Merged 5 – Dismissed-Rule 6 – Dismissed Lack of Prosecution 7 – Dismissed – Pros Motion/Vic Req 8 – Conditional Discharge D – Dismissed- Prosecutor Discretion M – Dismissed- Mediation P – Dismissed-Plea Agreement S – Disposed at Superior W – Dismissed-False ID			
Related Traffic Tickets and Complaints:										ORIGINAL - Court Action			
JUDGE'S SIGNATURE _____					DATE _____					Page 2 of 7		NJ/CDR1 1/1/2017	

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
0908	S	2019	000715
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
NORTH BERGEN MUNICIPAL COURT 4225 BERGEN TURNPIKE NORTH BERGEN NJ 07047-0000 201-392-2088 COUNTY OF: HUDSON			
# of CHARGES 1	CO-DEFTS 0	POLICE CASE #: 2019080693	
COMPLAINANT NAME: DET. ASHLEY RUBEL			

THE STATE OF NEW JERSEY VS. NINO F FALCONE			
ADDRESS: 712 79TH STREET	NORTH BERGEN	NJ	07047-0000
DEFENDANT INFORMATION SEX: M EYE COLOR: HAZEL DOB: [REDACTED] 1941 DRIVER'S LIC. #: F02515936605415 DL STATE: NJ SOCIAL SECURITY #: xxx-xx-x746 SBI #: 15693A TELEPHONE #: [REDACTED] (W) LIVESCAN PCN #: 099901000719			

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in violation of:

Original Charge	1) 2C:14-3B	2)	3)
Amended Charge			

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I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment

Signed: _____ DET. A THORMANN Date: 09/12/2019

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at the following address: **HUDSON COUNTY COURT**

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Signature of Person Issuing Summons: _____ DET. A THORMANN Date: 09/12/2019

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Special conditions of release:

- No phone, mail or other personal contact w/victim**
- No possession firearms/weapons**
- Other (specify):**

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER

0908 S 2019 000715

COURT CODE PREFIX YEAR SEQUENCE NO.

**NORTH BERGEN MUNICIPAL COURT
4225 BERGEN TURNPIKE
NORTH BERGEN NJ 07047-0000
201-392-2088 COUNTY OF: HUDSON**

of CHARGES 1 CO-DEFTS 0 POLICE CASE #: 2019080693

COMPLAINANT DET. ASHLEY RUBEL
NAME: HUDSON COUNTY PROSECUTOR'S OFFICE
595 NEWARK AVENUE
JERSEY CITY NJ 07306

THE STATE OF NEW JERSEY

VS.

NINO F FALCONE

ADDRESS:

712 79TH STREET

NORTH BERGEN

NJ 07047-0000

DEFENDANT INFORMATION

SEX: M EYE COLOR: HAZEL DOB: [REDACTED] 1941
DRIVER'S LIC. #: F02515936605415 DL STATE: NJ
SOCIAL SECURITY # xxx-xx-x746 SBI #: 15693A
TELEPHONE #: [REDACTED] (W)
LIVESCAN PCN #: 099901000719

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **08/29/2019** in **NORTH BERGEN TWP**, **HUDSON** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE CRIME OF CRIMINAL SEXUAL CONTACT, A CRIME OF THE FOURTH-DEGREE, IN VIOLATION OF N.J.S. 2C:14-3B, SPECIFICALLY THE DEFENDANT NINO FALCONE KNOWINGLY DID COMMIT AN ACT OF SEXUAL CONTACT WITH [REDACTED] BY USING PHYSICAL FORCE OR COERCION, FOR THE PURPOSE OF SEXUALLY AROUSING OR SEXUALLY GRATIFYING HIMSELF BY GRABBING THE BREAST(S) OF [REDACTED] WITH HIS HANDS, CONTRARY TO THE PROVISIONS OF N.J.S. 2C:14-3B.

in violation of:

Original Charge	1) 2C:14-3B	2)	3)
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Check	Certification by Police Regarding Complaint-Summons
<input checked="" type="checkbox"/>	I certify that I served the complaint-summons by delivering a copy to the defendant personally.
<input type="checkbox"/>	I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over _____ Name of family member over 14 years of age _____
<input type="checkbox"/>	I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address. Defendant's last known address _____
<input type="checkbox"/>	I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf. Name and title of authorized person _____
<input type="checkbox"/>	Other manner of service: I certify that I served the complaint-summons in the following manner: _____
<input type="checkbox"/>	I certify that I was unable to serve the complaint-summons.

Signed: **DET. A THORMANN HUDSON CO PROSECUTORS OFF** Date of Action: **09/12/2019**
Name, Title and Department of Officer

**RETURN OF SERVICE
INFORMATION**

Affidavit of Probable Cause

COMPLAINT NUMBER			
0908	S	2019	000715
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
NORTH BERGEN MUNICIPAL COURT 4225 BERGEN TURNPIKE NORTH BERGEN		NJ 07047-0000	
201-392-2088		COUNTY OF: HUDSON	
# of CHARGES 1	CO-DEFTS	POLICE CASE #: 2019080693	
COMPLAINANT DET. ASHLEY RUBEL NAME: HUDSON COUNTY PROSECUTOR'S OFFICE 595 NEWARK AVENUE JERSEY CITY		NJ 07306	

THE STATE OF NEW JERSEY
VS.
NINO F FALCONE

ADDRESS: 712 79TH STREET

NORTH BERGEN NJ 07047-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: HAZEL DOB: [REDACTED] 1941
DRIVER'S LIC. #: F02515936605415 DL STATE: NJ
SOCIAL SECURITY #: xxx-xx-x746 SBI #: 15693A
TELEPHONE #: [REDACTED] (W)
LIVESCAN PCN #: 099901000719

Purpose: This Affidavit/Certification is to more fully describe the facts of the alleged offense so that a judge or authorized judicial officer may determine probable cause.

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:

On August 29, 2019, the Special Victims Unit was referred a case regarding an alleged criminal sexual contact upon [REDACTED] by the defendant (herein referred to as "Falcone.")

[REDACTED] provided a digitally sworn statement to SVU. [REDACTED] stated on 8/29/19 she went to Falcone's law office for business. [REDACTED] is an office manager at a doctor's office, and Falcone is the attorney for the doctor's office that [REDACTED] works for. Falcone has also represented [REDACTED] on personal matters.

[REDACTED] stated while in Falcone's office, they discussed business, along with how it was recently her birthday and recent vacations. When [REDACTED] was attempting to leave, Falcone pulled [REDACTED] in for a hug, and rubbed her back. Feeling uncomfortable, [REDACTED] attempted to push Falcone away. While attempting to push him away, Falcone slid his hands along the side of [REDACTED]'s chest, then grabbed her breasts with his hands, telling her to let him "play" with her and to let him touch her. [REDACTED] continued to push Falcone away, and he grabbed her wrist. Falcone let go of her wrist, took out his wallet, and offered to give her birthday money.

[REDACTED] left Falcone's office, and went back to the doctor's office. She stated she went and told the doctor immediately what happened, and subsequently told the receptionist, identified as [REDACTED]. [REDACTED] stated she did not want to report this to the North Bergen Police Department because Falcone is also a Municipal Court Judge in North Bergen.

The doctor and [REDACTED] were interviewed. Both corroborated [REDACTED]'s disclosure. The doctor described [REDACTED] as "crying" and "shaking." [REDACTED] stated she found [REDACTED] in the office bathroom crying, and [REDACTED] told her what happened. [REDACTED] stated on 8/30/2019, Falcone called the doctor's office twice, asking for [REDACTED]

[REDACTED] subsequently told her husband after telling the doctor and [REDACTED]. The husband corroborated [REDACTED]'s account to SVU, and also described her as "crying" and "shaking."

[REDACTED]

Affidavit of Probable Cause

COMPLAINT NUMBER

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THE STATE OF NEW JERSEY**VS.****NINO F FALCONE**

2. I am aware of the facts above because: (Included, but not limited to: your observations, statements of eyewitnesses, defendant's admission, etc.)

3. If victim was injured, provide the extent of the injury:

Certification:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: DET.A THORMANN LAW ENFORCEMENT OFFICER Date: 09/12/2019

Affidavit of Probable Cause

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0908	S	2019	000715
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
NORTH BERGEN MUNICIPAL COURT 4225 BERGEN TURNPIKE NORTH BERGEN NJ 07047-0000 201-392-2088 COUNTY OF: HUDSON			
# of CHARGES 1	CO-DEFTS	POLICE CASE #: 2019080693	
COMPLAINANT DET. ASHLEY RUBEL NAME: HUDSON COUNTY PROSECUTOR'S OFFICE 595 NEWARK AVENUE JERSEY CITY NJ 07306			

THE STATE OF NEW JERSEY
VS.
NINO F FALCONE

ADDRESS: 712 79TH STREET
NORTH BERGEN NJ 07047-0000

DEFENDANT INFORMATION		
SEX: M	EYE COLOR: HAZEL	DOB: [REDACTED] 1941
DRIVER'S LIC. #: F02515936605415		DL STATE: NJ
SOCIAL SECURITY #: xxx-xx-x746		SBI #: 15693A
TELEPHONE #: [REDACTED] (W)		
LIVESCAN PCN #: 099901000719		

Purpose: The Preliminary Law Enforcement Incident Report (PLEIR) is intended to document basic information known to the officer at the time of its preparation. It is recognized that additional relevant information will emerge as an investigation continues. The PLEIR shall be in addition to, not in lieu of, any regular police arrest, incident, or investigation reports. Note that the PLEIR is specific to each defendant charged in an investigation.

-The offense involved a sexual crime.
[REDACTED]

-The defendant was known to the victim as:
•Other/Explain Victim's Attorney

Certification:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: DET. A THORMANN LAW ENFORCEMENT OFFICER Date: 09/12/2019